

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43233

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Vernon
(c) Name of hospital or institution State Hospital No 3
(d) Length of stay: In hospital or institution 3 months 11 days
In this community 3 months 11 days

3. (a) PRINT FULL NAME JULIA - BERRY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased unknown

8. AGE: Years 86 Months - Days - If less than one day - hr. - min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name Israel Meeks
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Wancy Earnhart
15. Birthplace Salem (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Mo

18. (a) Signature of funeral director Marshall P. Pichler

(b) Address Nevada, Mo

19. (a) Dec 27/1941 (b) Allen V. Karp (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 620 1/2 Main
(e) If foreign born, how long in U. S. A. 21-8a years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1941 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Dec 26, 1941; that I last saw him alive on Dec 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____
Due to _____

Other conditions Generalized Arteriosclerosis & Hypertension
(Include pregnancy within 3 months of death)

Major findings: Senile Dementia

Of operations no

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Paul L. Barone (M. D. or other) M.D.

*Address State Hosp No 3 Date signed Dec 26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2107

Date Filed 1-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Marsh. Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.